

| POSITION                  | INITIALS  | ID NO.    | DATE         |
|---------------------------|-----------|-----------|--------------|
| FEE DETERMINATION         | <i>me</i> | <i>10</i> | <i>11/29</i> |
| O.I.P.E. CLASSIFIER       |           |           |              |
| FORMALITY REVIEW          |           |           |              |
| RESPONSE FORMALITY REVIEW |           |           |              |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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